## MANAGEMENT REPRESENTATION AND CERTIFICATION

Firm Name:		
Fiscal Year End:		
questionnaire and other inform of establishing an acceptab	in connection with the overhead rate, financi mation provided to the Missouri Department of the overhead rate calculated in accordance are responsible for the information provided.	f Transportation for the purpose
been prepared in accordance 48, Code of Federal Regulation	e Schedule of Indirect Costs or Overhead Rate with the cost principles of the Federal Acquis ons (CFR). The above-mentioned schedules as expressly unallowable under the cost principles	ition Regulations (FAR) of title and related documentation do no
and indirect cost rates have to for the express purpose of a	ons or events that have occurred affecting the been disclosed. The undersigned recognizes the llowing the Missouri Department of Transportant that the information submitted is true, ac	nat the information is submitted tation of administer contract(s)
Print Name	Official Signature	Date
Title	Telephone Number	